

QUESTIONABLE DOCTORS



NEGLIGENT DOCTORS AND THE FAILURE OF NEW YORK STATE TO NOTIFY PATIENTS

ENDORSED BY:

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The **Center for Medical Consumers**, a non-profit advocacy organization, was founded in 1976 with this philosophy: Whenever long-term drug therapy, elective surgery, or any other major treatment is prescribed, the question of whether the treatment has been proven safe and effective should come up. And the prescribing physician should be expected to cite the relevant studies. Toward this goal, CMC:

- participates in nationwide and statewide efforts to reduce medical errors;
- encourages public access to information about the comparative performance of doctors and hospitals.
- works with policy makers to strengthen the process by which physicians and other health professionals are licensed and disciplined;
- represents patients and consumers on national committees working to develop health care performance measures;
- works with other advocacy organizations to increase patient and family engagement in health information technology.
- and supports New York State's efforts to transform the paper-based medical record system to a digital system that will enhance communication between patients and health care providers.

New Yorkers for Patient & Family Empowerment (also known as "Patient & Family") is a not-for-profit organization that seeks to:

- (1) Empower patients and their loved ones in interacting with the healthcare system;
- (2) Strengthen public access to information on patient safety; and
- (3) Improve the quality and safety of healthcare in New York.

We define "family" to include the key support persons and loved ones in the patient's life, as determined by the patient.

The **New York Public Interest Research Group Fund** (NYPIRG) is a nonpartisan, not-for-profit organization whose mission is to affect policy reforms while training New Yorkers to be citizen advocates. NYPIRG's full-time staff works with citizens, produces studies on a wide array of topics, coordinates state campaigns, engages in public education efforts and lobbies public officials.

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**QUESTIONABLE DOCTORS:
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SUMMARY**

Thousands of New Yorkers are harmed by mistakes made by their medical providers each year. One of the first lines of defense in protecting patients is the state's system of overseeing physician conduct. This report identifies shortfalls in New York's doctor discipline system and how proposed reforms could help protect patients from questionable doctors.

The New York State Department of Health's Office of Professional Medical Conduct (OPMC) is the agency charged with protecting patients. This report reviews its work over the past ten years. *One important note about this report:* The vast majority of New York's doctors are caring and competent. This report is focused on the state's program to ensure that those few doctors whose skills are questionable are identified and, if necessary, to protect patients removed from practice.

SUMMARY OF FINDINGS

Finding: Over 77% of doctors sanctioned for negligence by OPMC were allowed to continue to practice. It is highly likely that the patients of physicians who have been sanctioned for negligence would want to know this information. However, it is highly *unlikely* that these patients are aware of their physician's punishment.

Finding: Nearly 60% of New York State actions against doctors were based on sanctions taken by other states, the federal government, or the courts, not directly as the result of an OPMC-initiated investigation. The OPMC database includes information about physicians that were not disciplinary in nature. When excluding those statistics from our analysis, about 60% of OPMC sanctions were based on findings of other enforcement agencies (other states, or the courts). While it is important that the OPMC act when another agency has punished a physician, it is the more critical task of identifying and punishing misconduct by doctors who are currently active in New York State that must occupy the attention of OPMC investigators. Health care providers are generating few of these complaints.

Finding: There has been a staggering increase in the number of doctors per capita in New York State, well in excess of the increase in the state's population. One of the arguments as to why New York State does not revoke questionable doctors' licenses is that they are an important resource. However, over the past ten years, New York's population has grown by about 2%. Its doctor population has swelled by 36%.

Finding: The Health Department has failed to update its "annual report" on OPMC's physician discipline activities. The most recent report, for 2010, shows that very few complaints originate from those who are among the most likely to observe misconduct – other physicians. Moreover, the information published in this now out-of-date report masks OPMC's activity level of aggregating sanctions stemming from its

own direct investigations as well as actions based on the investigations of other states or entities. Thus, members of the public would likely infer incorrectly that OPMC is engaging in a higher level of in-state oversight than actually is occurring.

SUMMARY OF RECOMMENDATIONS

Policymakers must make protecting patient safety their number one priority. This report identifies serious shortcomings in the state's oversight of doctors. While additional resources are clearly needed, other common-sense reforms would help bolster patient protection.

- **Require that all licensed health facilities and physicians' offices post information on how patients and other members of the public can access the physician profiles program.** The public should have easy access to physicians' background information. Such a requirement would allow consumers to have access to the website that would allow them to file a complaint against a doctor or other relevant health provider (http://www.health.ny.gov/professionals/doctors/conduct/file_a_complaint.htm), ensure that patients are aware of the state's physician profiles (www.nydoctorprofile.com), and provide access to the OPMC database of its actions against doctors and other providers (<http://www.health.state.ny.us/nysdoh/opmc/main.htm>). **In addition, all patients of physicians who have had any limitation placed on their license must be notified in a timely manner.**
- **Create an OPMC consumer assistance office.** A consumer-friendly office should be created to help consumers navigate the complaint process, better understand when a complaint is appropriate for OPMC and, if not, redirect inquiries to other relevant agencies.
- **Require health care providers who harm patients as a result of a medical mistake to tell the patient or patient's family when such a mistake occurs.** Physicians are required by their own code of ethics to report medical mistakes even if such admission exposes them to liability.¹ The force of law should back up this common sense ethical requirement by ensuring that failure to do so constitute misconduct.
- **Require periodic recertification of physicians to include assessment of competency.** Over time, physicians may see some of their skills erode and it is critically important for them to keep current with the latest medical research and advances in technology. In an effort to identify physicians with eroding skills or knowledge deficiencies before a patient gets harmed, routine periodic evaluation of competency should be required as a condition of continued licensure and recertification.

¹ American Medical Association, *Current Opinions of the Council on Ethical and Judicial Affairs*, E-8.12 "Patient Information," see: [http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion812.page?](http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion812.page)

THE PROBLEM -- MEDICAL ERRORS

As the chart below shows, patient deaths resulting from medical mistakes in hospitals are either the third or fourth leading cause of death in America.²

LEADING CAUSES OF DEATH IN AMERICA³

Cause of death	Number of deaths
Disease of the heart	596,339
Malignant neoplasms (cancer)	575,313
<i>Hospital deaths due to medical errors (high estimate)</i>	<i>400,000</i>
<i>Hospital deaths due to medical errors (low estimate)</i>	<i>210,000</i>
Chronic lower respiratory diseases	143,382
Cerebrovascular diseases	128,931
Accidents (unintentional injuries)	122,777
Alzheimer's disease	84,691
Diabetes mellitus	73,282
Influenza and pneumonia	53,667
Nephritis, nephrotic symptoms and nephrosis	45,731

The findings of this report build on previous studies that estimated huge numbers of patient injuries and deaths due to medical errors. Most notably, the National Academy of Sciences' Institute of Medicine's (IoM) report, *To Err Is Human*,⁴ noted that estimates of injury and cost are considered by many experts to be low because these types of reports do not look at medical errors occurring outside of hospitals; for example, in outpatient clinics, physicians' offices and retail pharmacies. Nonetheless, the numbers are staggering. The IoM called for sweeping changes in order to substantially reduce the number of medical errors. Improving patient safety is where policy makers must place their focus.

New York State Health Department's Response

Soon after the Institute of Medicine called for a 50% reduction of medical errors by within five years, the then-New York State Health Commissioner pledged to meet the IoM goal.⁵

² James, J., "A New, Evidence-based Estimate of Patient Harms Associated with Hospital Care," *J Patient Safety*, 9(3):122-128 (Sept. 2013).

³ U.S. Centers for Disease Control and Prevention, National Vital Statistics Reports, Vol. 61, No. 6, October 10, 2012. Hospital patient death estimates from the Journal for Patient Safety, Ibid.

⁴ National Academy of Sciences' Institute of Medicine, "To Err is Human: Building A Better Health Care System," November 1999.

⁵ New York State Health Department, "NYPORTS News & Alert," Issue No. 14, January 2004.

QUESTIONABLE DOCTORS: NEW YORK STATE'S DOCTOR DISCIPLINE PROGRAM

State government is traditionally charged with licensing and monitoring the conduct of health care professionals. In New York State the first line of defense in assuring that misconduct by physicians and physician assistants is investigated and, when appropriate, punished, is the Health Department's Office of Professional Medical Conduct (OPMC).

The vast majority of physicians in New York State practice medicine that meets the high standards of professional conduct. However, those who are engage in misconduct can cause enormous pain and suffering for their patients. Because it is the licensing authority, the state must act forcefully and quickly to minimize the harm to patients that often result from professional misconduct.

THE OFFICE OF PROFESSIONAL MEDICAL CONDUCT

There are 102,554 physicians licensed to practice in New York State, of which 83,287 live within the state.⁶ Physicians currently practicing out of state, or otherwise not in active practice in New York, must keep their New York license current by paying the \$575 biennial fee – a requirement common in other professions.⁷

The OPMC is charged with responding to complaints and monitoring physicians and physician assistants and taking action when professionals are found to pose a threat to the public because of their misconduct. It employs a staff of investigators and prosecutors to investigate complaints and file charges. The Board of Professional Medical Conduct (BPMC) is responsible for hearing cases and taking action against licensees after they have been formally charged by the OPMC. The Board is comprised of 144 members that are available to hear cases against physicians in the presence of an administrative law judge. Usually a three-member BPMC panel – two physicians and one "public" member – sit to hear the case and decide the punishment.⁸

This analysis reviews the OPMC's track record over past decade to examine how well it is monitoring and, if appropriate, punishing substandard doctors. We reviewed the state's existing database of actions on the Department's website. Below are the results of our analysis.

⁶ New York State Education Department, see: <http://www.op.nysed.gov/prof/med/medcounts.htm>.

⁷ New York State Education Law, Section 6524 (8).

⁸ New York State Department of Health, "Board for Professional Medical Conduct, 2010," see: http://www.health.ny.gov/professionals/doctors/conduct/annual_reports/2010/.

Review of New York State Department of Health's Office of Professional Medical Conduct; Physician Discipline Actions Taken, 2004-2013⁹

Year	Relied on out of state action	Relied on other entity	No disciplinary action by DOH	DOH acts; loss of license	Total Actions Listed	Total NY Actions Only ¹⁰	Negligence Found ¹¹	Negligence in which license is lost ¹²
2004	141	18	31	39	342	152	58	13
2005	160	16	38	41	337	123	59	13
2006	172	22	43	32	336	99	40	18
2007	127	18	47	50	323	131	34	12
2008	118	25	64	41	315	108	47	18
2009	92	35	57	34	291	107	43	18
2010	129	35	48	23	326	114	41	10
2011	137	35	48	19	309	89	42	7
2012	131	35	50	34	313	97	39	11
2013	186	47	77	36	468	158	59	14

A closer examination of this data and trends follows.

⁹ New York State Department of Health, Professional Medical Board Actions Since 1990, accessed on February 1, 2014, see: <https://health.data.ny.gov/Health/Professional-Medical-Conduct-Board-Actions-Beginni/ebmi-8ctw>. As mentioned, this analysis only examined the years 2004 through the end of 2013.

¹⁰ Calculation by authors. It is the product of the combined number of actions in which the New York State Department of Health relied on actions in other states, actions taken by other in-state entities (usually NYS courts) and cases in which the Department declared were not disciplinary actions or not new disciplinary actions, and then subtracted from the total number of physician disciplinary actions.

¹¹ The Department of Health states:

Examples of medical misconduct include (but are not limited to): practicing fraudulently, practicing with gross incompetence or gross negligence; practicing while impaired by alcohol, drugs, physical or mental disability; being convicted of a crime; filing a false report; guaranteeing that treatment will result in a cure; refusing to provide services because of race, creed, color or national origin; performing services not authorized by the patient; harassing, abusing or intimidating a patient; ordering excessive tests; and abandoning or neglecting a patient in need of immediate care.

Medical negligence -- the improper, unskilled, careless or negligent treatment of a patient by a healthcare professional -- can take many forms. Obvious examples are wrong-sided surgery, wrong patient surgery, or substandard care that results in a harmful infection. It can also include the failure to diagnose a condition because the medical professional jumps to a conclusion based on a preconceived notion rather than conducting proper tests to eliminate important possibilities. Elderly patients and people with disabilities often have to struggle to get proper attention paid to their ailments, and studies have also raised concerns about disparities in care based on race or ethnicity, gender, gender orientation, and weight.

The impact of substandard care can be devastating for the patient and for the patient's loved ones. Those who survive medical negligence may be forced to live with chronic pain or substantial loss of abilities, affecting both their economic welfare and their home life. The consequences of medical negligence therefore have an impact on the community, worsening disparities in our society. Preventing this harm should be a primary imperative in New York.

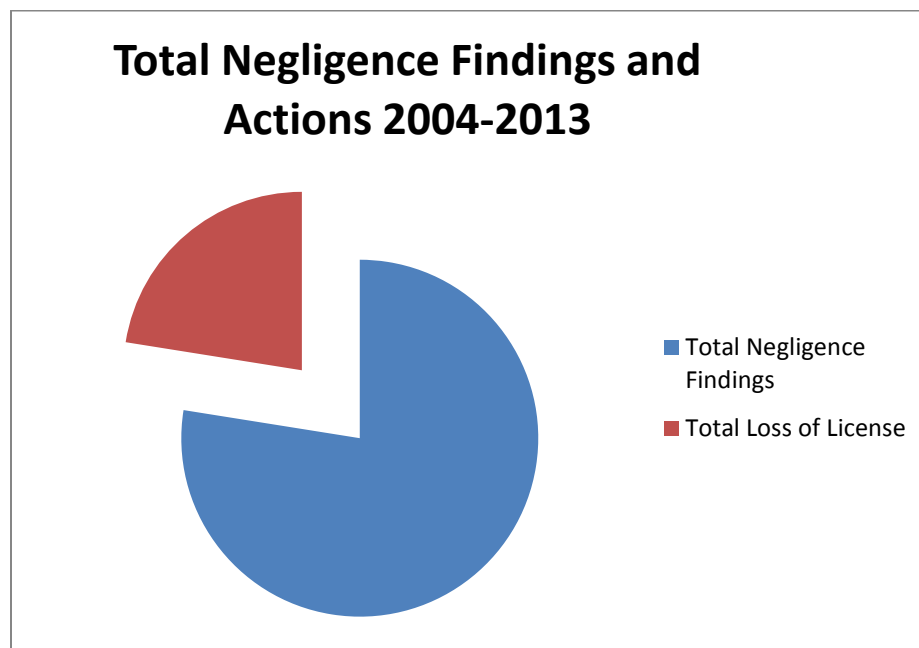
http://www.health.ny.gov/professionals/doctors/conduct/frequently_asked_questions.htm#misconduct.

¹² For the purposes of this analysis, we defined "loss of license" to mean a suspension of more than 30 days, or a surrender or revocation of a physician's license.

FINDING: IN CASES IN WHICH THE OPMC FOUND NEGLIGENCE ON THE PART OF THE DOCTOR, 77 % ALLOWED TO PRACTICE

AND HALF OF OPMC SANCTIONS WERE BASED ON ACTIONS TAKEN BY OTHER AGENCIES

In cases where the OPMC found evidence of negligence on the part of the provider, an overwhelming majority continued to practice. As seen below, over 77% of physicians who were found to have practiced negligently were allowed to continue to practice.

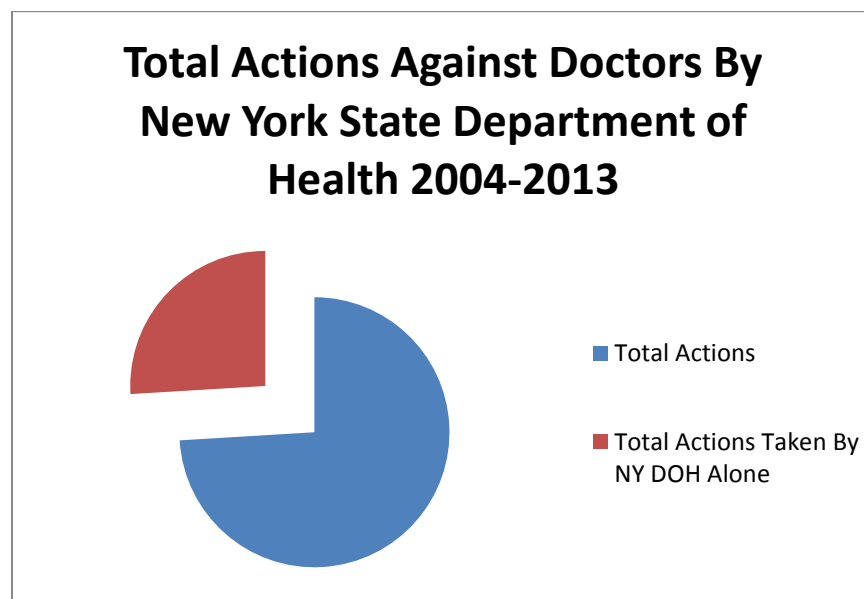


It is highly likely that the patients of physicians who have been guilty of negligence would want to know this information. However, it is highly unlikely that these physicians' patients are aware of their physician's punishment. A patient can only find out about such a disciplinary action if: (1) they know how to access this information through the Health Department's web-sites¹³ or 800 hot line number; and, (2) they take the initiative to do so. There is at present no requirement that patients be informed that their physician is practicing under sanction and/or limitations.

¹³ Address for the website is: www.health.state.ny.us/nysdoh/opmc/main.htm. Disciplinary and other information about physicians can also be found at www.nydoctorprofile.com.

Nearly 60% of New York State actions against doctors were based on sanctions taken by other states, the federal government, or the courts, not directly as the result of an OPMC-initiated investigation. The OPMC database includes information about physicians that were not disciplinary in nature. When excluding those statistics from our analysis, about 60% of OPMC sanctions were based on findings of other enforcement agencies (other states, or the courts).

While no one would argue that OPMC should *not* be taking actions against substandard out-of-state doctors, the proportion of in-state actions should be higher given the magnitude of the injuries and deaths caused by incompetent physicians. Moreover, the OPMC's annual report hides this distinction by aggregating all actions it takes – combining both in and out of state – into one category. The public and policymakers should demand more detailed disclosure by OPMC.



FINDING: THE NUMBER OF NEW YORK STATE DOCTORS HAS INCREASED AT A RATE FAR BEYOND THE INCREASE IN THE OVERALL STATE POPULATION

One often heard defense for allowing substandard physicians to continue to practice is the assertion that medical professionals are a scarce community resource, and that reducing their numbers would put public health at risk.

Nothing could be further from the truth.

According to the U.S. Census, in 2013 it estimated that New York State had 19.6 million residents.¹⁴ The Department of Health has estimated that the state had 19.2 million residents in 2004. Thus, the state's population has increased slightly, around a 2% increase.

As seen in the *Appendix*, there has been a staggering increase in the number of licensed doctors in New York. In 2003, there were over 61,000. In January of this year, the state had over 83,000 licensed doctors. That's an increase of about 36%.

Despite a stagnant statewide population – and a loss in population in many upstate areas – in only four counties out of New York State's 62 counties (less than one percent) was there a decline in the number of physicians.

¹⁴ Source for 2013 New York State population estimate: U.S. Census Bureau, "State and County Quickfacts: New York" <http://quickfacts.census.gov/qfd/states/36000.html>. Source for 2004 population estimate: New York State Department of Health, "Table 1: Estimated Population by Sex, Age and Region," http://www.health.ny.gov/statistics/vital_statistics/2004/table01.htm.

FINDING: THE HEALTH DEPARTMENT HAS FAILED TO UPDATE ITS ANNUAL REPORT ON OPMC ACTIVITIES. THE MOST RECENT, FOR 2010, SHOWS THAT VERY FEW COMPLAINTS ORIGINATE FROM THOSE MOST LIKELY TO OBSERVE MISCONDUCT – OTHER PHYSICIANS.

While the number of actions has declined, with a larger decrease last year, it is clear that there has not been a reduction in complaints. As the chart below shows, for the period 2000 through 2010¹⁵ (the most recent year), the number of complaints against doctors has increased dramatically. Interestingly, those most likely to have observed medical mistakes – other health care professionals and the institutions in which they worked – are by far the least likely to file complaints. The state should consider how to better enforce the requirement that professionals and organizations report misconduct.

Year	Total Complaints	Public	Gov't Agency	Out of State	Insurers	Physicians	Hospital/ Health Facility	Other	Medical malpractice	Physician profile
2010	8,501	51%	17%	9%	3%	6% (providers)		0.2%	13%	1%
2009	9,134									
2008	8,921									
2007	8,222									
2006	8,001									
2005	7,358	58%	15%	14%	8%	2%	N/A	3%		
2004*	6,925	58%	15%	12%	9%	2%	N/A	4%		
2003*	6,275	*	*	*	*	*	*	*		
2002*	7,295	*	*	*	*	*	*	*		
2001	6,983	55%	16%	10%	11%	2%	N/A	6%		
2000	6,106	61%	11%	11%	10%	3%	3%	1%		

In its most recent annual report – for the year 2010 – the Department identified trends:

- The Board imposed 307 final actions, the highest since 2006. Of those, 59% (182) included the loss, suspension, or restriction of a physician's medical license.
- 8,501 complaints were received, 24% higher than five years ago. The Office reviewed and closed 9,108 complaints, the 2nd highest in a decade.
- The Office closed 4,024 investigations, the 2nd highest ever and referred 322 physicians for charges of misconduct. Despite challenges faced due to the State's fiscal crisis, the average time to complete an investigation remains about nine months, consistent with completion time in 2008 and 2009.
- The average number of investigations completed per investigator increased from 35 in 2009 to 47, a 34% increase, resulting from improved training, management and monitoring initiatives implemented by the program.
- New criteria to commence an investigation based on medical malpractice information were implemented, improving the use of this information as a predictor of possible misconduct.

However, in its statistical analysis, the Department fails to disaggregate OPMC actions, such as is done in this report. Thus, members of the public who wished to evaluate OPMC's performance would see an inflated – and an obviously out-of-date – number of actions.

¹⁵ New York State Department of Health, accessed on May 10, 2014. See: http://www.health.ny.gov/professionals/doctors/conduct/annual_reports/.

BACKGROUND: TOO FEW PHYSICIANS ARE BEING DISCIPLINED AND NOT ENOUGH ARE BEING SANCTIONED FOR JEOPARDIZING PATIENT HEALTH AS A RESULT OF POOR QUALITY MEDICAL CARE.

Very few of New York State's doctors ever face a serious disciplinary action. The 468 completed actions taken by OPMC in 2013 must be judged in light of the staggering number of patients harmed by negligent medical care annually. As mentioned earlier, the recent estimate of hospital patient injuries range nationally from a low of 210,000 to 400,000. Since New York State's population is roughly 6.7% of the nation's, a rough estimate of patients killed in New York hospitals ranges from a low of 14,000 to a high of 26,000 each year – or 38 to 73 patients killed each day!

Studies have shown that when these estimates are expanded to include general medical practice outside of the hospital, the potential harm by physicians is even greater. According to researchers who published their findings in *The Journal of Family Practice*, an "in-depth interview with 53 family physicians revealed that 47% of the doctors recalled a case in which the patient died due to physician error. Only four of the total reported errors led to malpractice suits, and none of these errors resulted in an action by a peer review organization."¹⁶

In addition, a Florida study documented unnecessary injuries occurring in physicians' offices. According to the study of surgical errors in physicians' offices, patients were ten times more likely to be harmed due to medical errors than when they had the same surgery in more highly regulated health care facilities.¹⁷

Given the magnitude of medical negligence, we believe there should be more actions taken against incompetent physicians. According to Public Citizen Health Research Group, "It is not unreasonable to estimate that at least 1% of doctors in this country deserve some serious disciplinary action each year."¹⁸ Using Public Citizen's estimate, the OPMC should have disciplined at least 1,026 physicians last year.

Public Citizen's estimate was derived from the analysis of studies published by Tufts University and the AMA. In fact, the Tufts study shows that the Public Citizen estimate may be a conservative one. According to that study, "physician-owned malpractice insurers sanctioned 13.6 of every 1,000 doctors they covered."¹⁹

¹⁶ Wolfe, S., M.D. *et al.* "Questionable Doctors Disciplined by State and Federal Governments," New York Edition, 1998, Public Citizen Health Research Group, p. 10.

¹⁷ Vila, H., Soto, R., *et al.* "Comparative Outcomes Analysis of Procedures Performed in Physician Offices and Ambulatory Centers," *Arch Surg/Vol. 138, Sept. 2003*, p. 991.

¹⁸ Wolfe, S. M.D. *et al.* "Questionable Doctors Disciplined by State and Federal Governments," New York edition. 1998, Public Citizen Health Research Group, p.12.

¹⁹ Schwartz, W. *et al.* "The Role of Physician-Owned Insurance Companies in the Detection and Deterrence of Negligence," *Journal of the American Medical Association*, 1989, 260(10), p. 1342-1346.

NEW YORK'S PATIENT SAFETY CENTER

In 2000, the creation of a Patient Safety Center was touted by then-Governor Pataki as an important patient safety measure.²⁰ Although originally envisioned to have other safety responsibilities, the Center was subsequently assigned to administer the newly created Physician Profile program, which permitted New Yorkers to easily access a doctor's background. Then-Governor Pataki and the Legislature supported physician profiles because, in the words of the Health Department:

"Deaths can be avoided by providing patients with access to information that better informs them of physicians' education, training, credentials and experience and enables patients as consumers to actively participate in one of the most important health care decisions – the choice of physician. Immediate adoption of this rule is necessary in order to provide access to information, as well as timely reporting of updated or new information, which is of the utmost importance to consumers making decisions concerning access to high quality health care services."²¹

The profiling system requires physicians to self-report educational, board specialty, disciplinary, hospital credential and malpractice history, among other information. The inclusion of malpractice information – while publicly available at any courthouse – was vigorously opposed by the Medical Society of the State of New York. As part of the compromise that led to passage of the legislation, the profile system provides only limited malpractice information. Physicians only must post categorical information about the size of malpractice judgments or settlements and in the case of settlements, are only required to report any if they have paid three or more settlements over ten years. Information about the first and second settlement is not required to be posted on the profile unless the Commissioner deems it important for consumers to know of such payments. The Department has required that physicians report information on the first two settlements if the malpractice resulted in the "death or permanent injury" of the patient.²²

²⁰ Then-Governor Pataki's comments on Patient Health Information and Quality Improvement Act of 2000, <http://www.health.state.ny.us/nysdoh/healthinfo/pataki.htm>.

²¹ Title 10 NYCRR, Part 1000, "physician profiling."

²² Title 10 NYCRR, Part 1000.3 (b)(2).

AN AGENDA TO PROTECT PATIENTS

Policymakers must make protecting patient safety as their number one priority. This report identifies serious shortcomings in the state's oversight of doctors. While additional resources are clearly needed, other common sense reforms would help bolster patient protection:

- **Require that all health facilities and physicians' offices post information on how patients and other members of the public can access the physician profiles program.** The public should have easy access to physicians' background information. Such a requirement would allow consumers to have access to the website that would allow them to file a complaint against a doctor or other relevant health provider (http://www.health.ny.gov/professionals/doctors/conduct/file_a_complaint.htm), ensure that patients are aware of the state's physician profiles resource (www.nydoctorprofiles.com), and provide access to the OPMC database of its actions against doctors and other providers (<http://www.health.state.ny.us/nysdoh/opmc/main.htm>). **In addition, all patients of physicians who have had any limitation on their license must be notified in a timely manner.**
- **Create an OPMC consumer assistance office.** A consumer-friendly office should be created to help consumers understand when a complaint is appropriate for OPMC, if not where else to seek redress, and to help them during the process, including communication as to the progress of the complaint.
- **Require health care providers who harm patients as a result of a medical mistake to tell the patient or patient's family when such a mistake occurs.** Physicians are required by their own code of ethics to report medical mistakes even if such admission exposes them to liability.²³ The force of law should back up this common sense ethical requirement.
- **Create a system of periodic recertification of physicians.** Both the IoM²⁴ and the State Health Department²⁵ have recommended that physicians be recertified to assure that they continue to practice as competent professionals. Over time, physicians may see some of their skills erode and it is increasingly hard but critically important for them to keep current with the latest medical research and advances in technology. In an effort to identify physicians with eroding skills before a patient gets harmed, a system of recertification based on evaluating competency should be required as a condition of continued licensure.

²³ American Medical Association, Current Opinions of the Council on Ethical and Judicial Affairs, E-8.12 "Patient Information."

²⁴ National Academy of Sciences' Institute of Medicine, To Err is Human: Building A Better Health Care System, November 1999, p. 10.

²⁵ New York State Department of Health, Report of the New York State Advisory Committee on Physician Recredentialing: Phase One General Principles, Proposed Process, Recommendations, January 1988.

APPENDIX: COMPARISON OF THE NUMBERS OF DOCTORS PRACTICING, BY COUNTY, 1/1/2003-1/1/2014²⁶

County	Number		County	Number		County	Number	
	2014	2003		2014	2003		2014	2003
Albany	1,869	1,388	Jefferson	242	203	Saratoga	666	308
Allegany	42	43	Kings	6,322	4,246	Schenectady	472	433
Bronx	2,470	1,795	Lewis	33	18	Schoharie	20	24
Broome	651	582	Livingston	95	54	Schuyler	40	24
Cattaraugus	140	117	Madison	136	104	Seneca	23	20
Cayuga	109	95	Monroe	3,610	2,620	Steuben	239	174
Chautauqua	261	208	Montgomery	113	81	St. Lawrence	215	166
Chemung	307	247	Nassau	10,184	7,831	Suffolk	6,427	3,976
Chenango	74	55	New York	18,766	13,954	Sullivan	154	93
Clinton	253	180	Niagara	352	256	Tioga	54	39
Columbia	159	113	Oneida	639	531	Tompkins	343	208
Cortland	97	58	Onondaga	2,412	1,644	Ulster	405	322
Delaware	43	49	Ontario	326	235	Warren	284	219
Dutchess	1,259	722	Orange	1,272	727	Washington	63	46
Erie	3,650	2,760	Orleans	30	32	Wayne	92	82
Essex	89	47	Oswego	192	105	Westchester	6,951	5,899
Franklin	113	94	Otsego	348	250	Wyoming	49	47
Fulton	107	66	Putnam	294	216	Yates	37	31
Genesee	94	72	Queens	5,873	4,450	NYS TOTAL	83,287	61,249
Greene	70	46	Rensselaer	349	261	OTHER US	18,960	13,286
Hamilton	6	3	Richmond	1,889	1,333	NON-US	307	235
Herkimer	55	51	Rockland	1,358	1,196	TOTAL	102,554	74,770

THE NUMBER OF NEW PHYSICIAN LICENSES ISSUED, 2004 THROUGH 2013²⁷

	2004	2005	2006	2007	2009	2010	2011	2012	2013
Number of physicians	3,908	3,773	4,170	4,343	4,190	4,038	3,994	4,272	5,223

²⁶ New York State Education Department. Current year is available at: <http://www.op.nysed.gov/prof/med/medcounts.htm>. Location reflects the licensee's primary mailing address on record with the Office of the Professions; the address is not necessarily the licensee's practice address. Although licensees must be registered to use the professional title or to practice within New York State, being registered does not mean the licensee is actively doing so.

²⁷ *Ibid*, our data did not have the new physician licenses issued for 2008.

